

EXHIBIT 3b

Tenn. Code Ann. § 29-39-102; Tenn. Code Ann. § 29-39-104. Under that Act, Plaintiffs' non-economic damages are purportedly capped at \$750,000, and their ability to recover punitive damages is capped at twice the compensatory damages up to a maximum of \$500,000.

273. Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104 are unconstitutional deprivations of Plaintiffs' constitutionally protected right to trial by jury. Those provisions violate Article I, Section 6, of the Constitution of the State of Tennessee, which provides that the right of trial by jury shall remain inviolate. In addition, the subject statutory caps violate Article I, Section 17, of the Tennessee Constitution, which states that all courts shall be open, and every man shall have a remedy for injury done by due course of law and without denial or delay. The subject statutory caps usurp the powers of the Judicial Branch in violation of Article II, Sections 1 & 2 of the Tennessee Constitution. In addition, the subject statutory caps violate Article XI, Section 16, of the Tennessee Constitution which indicates that the rights of citizens articulated in Tennessee's Bill of Rights "shall never be violated on any pretense whatever . . . and shall forever remain inviolate."

274. Therefore, Wilma S. Carter and Lawrence Carter request a declaration that the statutory caps are unconstitutional, void *ab initio*, and of no force and effect.

275. Pursuant to Tenn. Code Ann. § 29-14-107, a copy of this Complaint is being served on the Attorney General of the State of Tennessee, notifying the State of Tennessee Attorney General that Plaintiffs are challenging the constitutionality of Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104.

**PLAINTIFFS' COMPLIANCE WITH TENN. CODE
ANN. §§ 29-26-121 AND 29-26-122**

276. Plaintiffs complied with the notice requirements of Tenn. Code Ann. §§ 29-26-121(a) and provided the required documentation specified in § 29-26-121(a)(2) to appropriate

defendants more than 60 days before the filing of the Complaint.

277. Plaintiffs have demonstrated their compliance with the provisions of Tenn. Code Ann. §§ 29-26-121(a)(1), 29-26-121(a)(2), 29-26-121(a)(3)(B), 29-26-121(a)(4) and 29-26-121(b) as evidenced by the Affidavit included as Exhibit A (which is incorporated herein by reference), which establishes compliance with Tenn. Code Ann. § 29-26-121 and includes as attachments copies of the Certificates of Mailing from the United States Postal Service stamped with the date of mailing along with copies of the notices sent to the healthcare defendants.

278. The requirements of Tenn. Code Ann. § 29-26-121 have been satisfied.

279. Pursuant to Tenn. Code Ann. § 29-26-122(a), a Certificate of Good Faith signed by the undersigned counsel is included as Exhibit B and incorporated herein by reference.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants, jointly and severally, as follows:

- A. A judgment for compensatory damages in the amount of \$5 Million;
- B. A judgment for punitive damages in an amount to be determined by the trier of fact;
- C. A declaration that the caps found in Tenn. Code Ann. § 29-39-102 and Tenn. Code Ann. § 29-39-104 are unconstitutional under Article I, Section 6; Article I, Section 17; Article II, Sections 1 & 2; and/or Article XI, Section 16 of the Constitution of the State of Tennessee and are therefore void *ab initio* and of no force and effect;
- D. A jury to determine all disputed factual issues;
- E. For costs of this cause; and

F. For such further relief as the Court may deem just and proper.

JURY DEMAND

Plaintiffs hereby demand a jury trial on all claims so triable in this action.

Respectfully Submitted,

**PLAINTIFFS WILMA S. CARTER and
LAWRENCE CARTER,**

By Their Attorneys,

/s/ Raymond Throckmorton III

Raymond T. Throckmorton III
BPR No. 16313
2016 8th Ave. South
Nashville, TN 37204
T: (615) 297-1009
rttiii@bellsouth.net

Robert K. Jenner (Maryland) *Pro Hac Vice to Be Filed*
Kimberly A. Dougherty (MA) *Pro Hac Vice to Be Filed*
JANET, JENNER & SUGGS, LLC
31 St. James Avenue
Suite 365
Boston, MA 02116
T: (617) 933-1265
F: (410) 653-9030
rjenner@myadocates.com
kdougherty@myadvocates.com

Susan B. Evans, BPR No. 16672
2016 8th Avenue South
Nashville, TN 37204
T: (615) 739-6833
sbevanslaw@gmail.com

Myra B. Staggs (by pro hac admission from Alabama)
PO Box 85
Waynesboro, TN 38485
T: (615) 519-0971

Dated: December 17, 2013.

Attorneys for Plaintiffs

EXHIBIT A

EXHIBIT A – CARTER COMPLAINT

STATE OF MASSACHUSETTS)
)
COUNTY OF SUFFOLK)

AFFIDAVIT OF OLIVIA F. COLONERO

COMES NOW the affiant, **OLIVIA F. COLONERO**, who, having first been duly sworn, states that the following statements are true:

1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Massachusetts, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am a paralegal with Janet, Jenner & Suggs, LLC, located in Boston, Massachusetts.

2. On September 3, 2013, I mailed by certified mail, return receipt requested a Notice letter and enclosures to Kenneth R. Lister, M.D. at the provider's current business address listed on the Tennessee Department of Health website and the provider's practicing address (2761 Sullins Street, SW, Knoxville, TN 37919 and 116 Brown Avenue, Crossville, TN 38555). The Notice letter sent to the provider's business address listed on the Tennessee Department of Health website (2761 Sullins Street, SW, Knoxville, TN 37919) was returned to sender as the address was vacant. I obtained a Certified Mail Receipt from the United States Postal Service stamped with the date of mailing. I attach as Exhibit 1 a copy of the Notice letters sent to Kenneth R. Lister, M.D. along with a copy of the enclosures to the letters which includes a list of the names and addresses of all healthcare providers who were served Notice and a HIPAA medical authorization form.

3. On December 5, 2013, I mailed by certified mail, return receipt requested, an amended Notice letter, a HIPAA compliant medical authorization and enclosures to Kenneth R. Lister, M.D. at the provider's current business address listed on the Tennessee Department of

EXHIBIT A – CARTER COMPLAINT

Health website and the provider's practicing address (2761 Sullins Street, SW, Knoxville, TN 37919 and 116 Brown Avenue, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as Exhibit 2 a copy of the amended Notice of Claim letters sent to Kenneth R. Lister, M.D., along with a copy of the enclosures to the letters which include a list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Kenneth R. Lister, M.D. to obtain complete medical records from each provider being sent Notice.

4. On September 3, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Specialty Surgery Center, PLLC at the address for the agent for service of process listed on the Tennessee Secretary of State website (Donathan M. Ivey, 116 Brown Avenue, Crossville, TN 38555-7703). I obtained a Certified Mail Receipt from the United States Postal Service stamped with the date of mailing. I attach as Exhibit 3 a copy of the Notice letter sent to Specialty Surgery Center, PLLC along with a copy of the enclosures to the letter which includes a list of the names and addresses of all healthcare providers who were served Notice and a HIPAA medical authorization form.

5. On December 5, 2013, I mailed by certified mail, return receipt requested, an amended Notice letter, an amended compliant HIPAA medical authorization and enclosures to Specialty Surgery Center, PLLC at the address for the agent for service of process listed on the Tennessee Secretary of State website (Donathan M. Ivey, 116 Brown Avenue, Crossville, TN 38555-7703). I obtained a Certificate of Mailing from the United States Postal Service stamped with the date of mailing as required by Tennessee Code Annotated § 29-26-121 (a). I attach as

EXHIBIT A – CARTER COMPLAINT

Exhibit 4 a copy of the amended Notice of Claim letter sent to Specialty Surgery Center, PLLC along with a copy of the enclosures to the letter which include a list of the names and addresses of all healthcare providers who were served an amended Notice pursuant to T.C.A. § 29-26-121 and a HIPAA compliant medical authorization permitting Specialty Surgery Center, PLLC to obtain complete medical records from each provider being sent Notice.

6. Attached as Exhibit 5 is a copy of the Certified Mail Receipts from the United States Postal Service stamped with the date of mailing of the Notices and enclosures to each health care provider identified in the foregoing paragraphs and the Return Green Cards from the Notice letters send on September 3, 2013. At the United States Post Office located at 133 Clarendon Street, Boston, MA 02116, I requested a Certificate of Mailing and was told that the certified mail receipt with the return green card was a Certificate of Mailing. I was told that I would not need anything else for a Certificate of Mailing.

7. Finally, attached as Exhibit 6 is a copy of the Certificates of Mailing from the United States Postal Service stamped with the date of mailing of the amended Notices and enclosures to each health care provider identified in the foregoing paragraphs.

FURTHER AFFIANT SAITH NOT.



Olivia F. Colonero

EXHIBIT A – CARTER COMPLAINT

State of Massachusetts)
)
County of Suffolk)

Personally appeared before me, the undersigned, a Notary Public of said County and State, Olivia F. Colonero, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that the foregoing was sworn to and executed for the purpose therein contained.

This 13th day of December, 2013.

Savona L. Di'Orto
Notary Public

My commission expires: February 4, 2016

EXHIBIT 1



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | • South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | • North Carolina | \$ New York | ± New Jersey | ■ West Virginia | • California

September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

The name and address of the claimant authorizing this notice:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

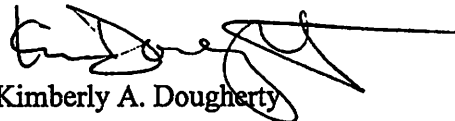
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney
31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-658-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO BE RELEASED TO:

**Robert K. Jenner
 Janet, Jenner & Suggs, LLC
 Commerce Center
 1777 Reisterstown Rd, Suite 165
 Baltimore, MD 21208**

**Rosie Oldham, RN, BS, LNCC
 R&G Medical Legal Solutions, LLC
 PO Box 5339
 Peoria, AZ 85385-5339**

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input checked="" type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±
Dov Apfel*± | Stephen C. Offutt*±± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. KettererΔ

Sharon R. Guzejko* | Kimberly A. DoughertyΔ | Francis M. Hinson, IV* | Hal J. KleinmanΔ‡ | Tara J. Posner*±† | Elisha N. Hawk*±±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder*± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*±
Seth L. Cardeli\$± | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German\$±± | Joel M. Rubenstein\$± | Thomas G. Wilson†±

BAR MEMBERSHIPS

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September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

The name and address of the claimant authorizing this notice:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

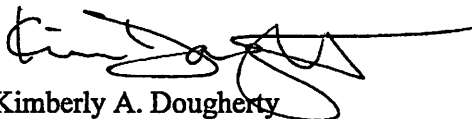
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
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The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
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116 Brown Avenue
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Kenneth R. Lister, M.D.
116 Brown Avenue
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Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO: _____

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:

**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208**

**Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339**

INFORMATION TO BE RELEASED

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
	_____ Outpatient Date _____	<u>X</u> X-ray reports
_____ Federal or State Tax information or records	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
_____ Wage, income or earning records or reports	<u>X</u> History & Physical	<u>X</u> Color copies of any photographs
	<u>X</u> Discharge summary	
<u>X</u> Laboratory reports	<u>X</u> Consultation reports	Test Results [e.g., Spinal Tap]
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____

EXHIBIT 2



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±.
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Kenneth Lister, M.D.:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', written over a horizontal line.

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



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Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

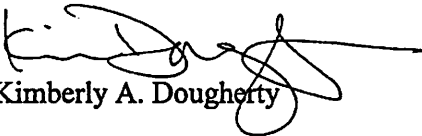
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
C.J. Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
 information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
 BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Federal or State Tax information or records	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge notice of this request under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____.

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9886</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Sycamore Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±
Dov Apfel*± | Stephen C. Offutt*±± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. KettererΔ

Sharon R. Guzeko* | Kimberly A. Dougherty◊ | Francis M. Hinson, IV* | Hal J. KleinmanΔ‡ | Tara J. Posner*±† | Elisha N. Hawk*±±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder*± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*±
Seth L. Cardeli \$± | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German\$±± | Joel M. Rubenstein\$± | Thomas G. Wilson±†±

BAR MEMBERSHIPS

* Maryland | ± South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Kenneth Lister, M.D.:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', with a long horizontal flourish extending to the right.

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Peim* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ° New Jersey | ° West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

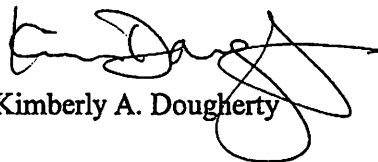
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
C.J. Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
 information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
 BE RELEASED TO:

INFORMATION TO BE RELEASED

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
	_____ Face Sheet	<u>X</u> Billing Records
_____ Wage, income or earning records or reports	<u>X</u> History & Physical	Steroid Injection Information [e.g., manufacturer, Lot #]
	<u>X</u> Discharge summary	<u>X</u> Color copies of any photographs
<u>X</u> Laboratory reports	<u>X</u> Consultation reports	Test Results [e.g., Spinal Tap]
<u>X</u> Report and/or records from physician, therapist	<u>X</u> Surgery & Pathology reports	
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge notice of this request under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____.

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9986</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Squemell Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>

EXHIBIT 3



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Brownie* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* ◊ | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson III † ±

BAR MEMBERSHIPS

* Maryland | ◊ South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ◊ North Carolina | § New York | ± New Jersey | ± West Virginia | ± California

September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Specialty Surgery Center, PLLC:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

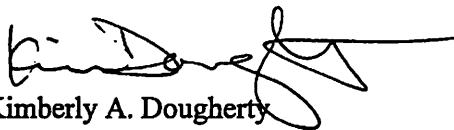
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
CJ Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

Kenneth R. Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO: _____

I HEREBY AUTHORIZE _____ to release the information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO BE RELEASED TO:

Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208

Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339

INFORMATION TO BE RELEASED

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u> X </u> X-rays (digital)
	_____ Outpatient Date _____	<u> X </u> X-ray reports
_____ Federal or State Tax information or records	<u> X </u> Emergency Room records	<u> X </u> ENTIRE RECORD
	_____ Face Sheet	<u> X </u> Billing Records
		Steroid Injection
_____ Wage, income or earning records or reports	<u> X </u> History & Physical	<u> X </u> Information [e.g., manufacturer, Lot #]
	<u> X </u> Discharge summary	<u> X </u> Color copies of any photographs
<u> X </u> Laboratory reports	<u> X </u> Consultation reports	Test Results [e.g., Spinal
<u> X </u> Report and/or records from physician, therapist	<u> X </u> Surgery & Pathology reports	<u> X </u> Tap]
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____

EXHIBIT 4



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS:

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | * North Carolina | \$ New York | * New Jersey | ■ West Virginia | • California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

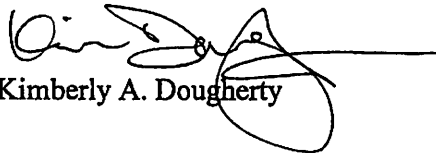
Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
HIPAA Compliant Authorization

To Specialty Surgery Center, PLLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,



Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. Geriman \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Re: Wilma S. Carter and Lawrence Carter
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Specialty Surgery Center, PLLC:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter
Date of Birth: August 23, 1952

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Wilma S. Carter and Lawrence Carter
1591 Sawmill Road
Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

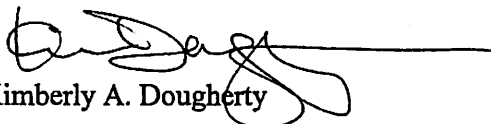
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Wilma S. Carter and Lawrence Carter (*via first-class mail*)
David Randolph Smith & Assoc. (*via electronic mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

C.J. Gideon (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC
Donathan M. Ivey Registered Agent for Service of Process:
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555-7703

Kenneth Lister, M.D.
2761 Sullins Street
Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Federal or State Tax information or records	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> X ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> X Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X History & Physical	<input checked="" type="checkbox"/> X Color copies of any photographs
<input checked="" type="checkbox"/> X Laboratory reports	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> X Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> X Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X Consultation reports	
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge notice of this request under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____.

A photocopy of this authorization is to be considered as valid as the original.

Dated: <u>1-27-13</u>	Signature: <u>Wilma Carter</u>
SSN: <u>408-94-9986</u>	Printed Name: <u>Wilma Carter</u>
DOB: <u>8-23-1952</u>	Address: <u>1591 Sawmill Rd.</u>
	<u>Crossville Tenn</u>
	<u>38555</u>

EXHIBIT 5

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kenneth Lister, M.D.
 1116 Brown Avenue
 Crossville, TN 38555-7703

2. Article Number
 (Transfer from service label) 7012 3460 0001 4331 6917

PS Form 3811, February 2004 Domestic Return Receipt PS Form 3800, August 2006 2595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CROSSVILLE TN 38555

Postage \$ 1.12 0115
 Certified Fee 3.10 08
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$ 6.77 09/03/2013

Sent to
 Specialty Surgery Center, PLLC
 Attention: Dr. M. Lister
 1116 Brown Ave
 Crossville, TN 38555

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CROSSVILLE TN 38555

Postage \$ 1.12 0115
 Certified Fee 3.10 08
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$ 6.77 09/03/2013

Sent to
 Kenneth Lister, M.D.
 1116 Brown Ave
 Crossville, TN 38555

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Specialty Surgery Center, PLLC
 Attention: Dr. M. Lister, Registered Agent
 for service of process
 1116 Brown Ave.
 Crossville, TN 38555-7703

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

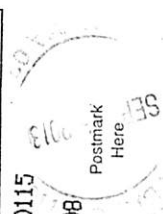
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number
 (Transfer from service label) 7012 3460 0001 4331 6900

PS Form 3811, February 2004 Domestic Return Receipt PS Form 3800, August 2006 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
SPECIAL USE KNOXVILLE TN 37919	
Postage \$	\$1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees \$	\$6.77
Sent To <i>Kenneth Lister, M.D.</i> Street, Apt. No. <i>2761 Sullins St.</i> or PO Box No. <i>KNOXVILLE, TN 37919</i> City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	



4689 TEER T000 094E 2T02

EXHIBIT 6



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS®. This form may be used for domestic and international mail.

From: Janet. Jenner ~ Suggs LLC

31 St. James Ave, Ste 315

Boston, MA 02116

To:

Kenneth R. Lister, M.D.

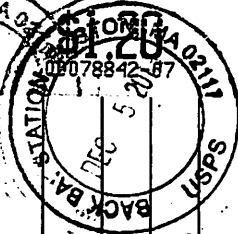
116 Brown Ave.

Crossville, TN 38555-7703

PS Form 3817, April 2007 PSN 7530-02-000-9065



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, '13
AMOUNT



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS®. This form may be used for domestic and international mail.

From: Janet. Jenner ~ Suggs LLC

31 St. James Ave, Ste 315

Boston, MA 02116

To:

Specialty Surgery Center, PLLC

Donna Thompson, M.D., Registered Agent for Service

116 Brown Ave.

Crossville, TN 38555-7703

PS Form 3817, April 2007 PSN 7530-02-000-9065



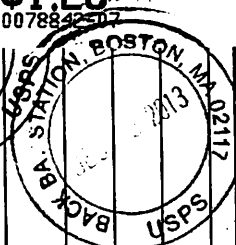
U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, '13
AMOUNT

\$1.20
00078842-07



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, '13
AMOUNT

\$1.20
00078842-07



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS®. This form may be used for domestic and international mail.

From: Janet. Jenner ~ Suggs LLC

31 St. James Ave, Ste 315

Boston, MA 02116

Kenneth Lister, M.D.

2761 Sullins St.

Knoxville, TN 37919

PS Form 3817, April 2007 PSN 7530-02-000-9065

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

WILMA S. CARTER and
LAWRENCE CARTER,

Plaintiffs,

v.

AMERIDOSE, LLC, MEDICAL SALES
MANAGEMENT, INC., MEDICAL SALES
MANAGEMENT SW, INC., GDC
PROPERTIES MANAGEMENT, LLC, ARL
BIO PHARMA, INC. D/B/A ANALYTICAL
RESEARCH LABORATORIES, BARRY J.
CADDEN, GREGORY CONIGLIARO, LISA
CONIGLIARO CADDEN, DOUGLAS
CONIGLIARO, CARLA CONIGLIARO,
GLENN A. CHIN, SPECIALTY SURGERY
CENTER, PLLC, and KENNETH R. LISTER,
M.D.

Defendants.

Case No.
JURY DEMAND

CERTIFICATE OF GOOD FAITH

Medical Malpractice Case

PLAINTIFF'S FORM

A. In accordance with T.C.A. § 29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)

☐

1. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident or incidents at

issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

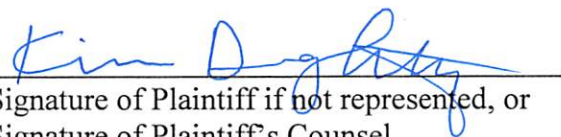
Or



2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident or incidents at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident or incidents at issue, that they are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that, despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of § 29-26-115. Refusal of the defendant to release the medical records in a timely fashion or where it is impossible for the Plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.



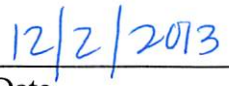
Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. § 29-26-122 0 prior times. (Insert number of prior violations by you.)



Signature of Person Executing This Document



Date

JS 44 (Rev. 09/11)

CIVIL COVER SHEET

The JS 44 civil coversheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

WILMA S. CARTER and LAWRENCE CARTER

(b) County of Residence of First Listed Plaintiff Cumberland County, TN
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)
See attached sheet

DEFENDANTS

AMERIDOSE LLC, MEDICAL SALES MANAGEMENT INC., GDC PROPERTIES MANAGEMENT, LLC, BARRY J. CADDEN, LISA CONIGLIARO CADDEN, GLENN A. CHIN, et al.

County of Residence of First Listed Defendant Cumberland County, TN
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Overpayment of Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C.A. § 1332

Brief description of cause:
Defective Medical Product

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23
DEMAND \$
5,000,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE F. Dennis SaylorDOCKET NUMBER 1:13-md-02419-FDS

DATE

12/17/2013

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE